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ABSTRACT

This paper describes the program and research related to the "Making It" series of 18 multi-media divorce workshops co-sponsored by a community mental health center (CMHC) and a chapter of Parents without Partners (PWP). An introductory section discusses the rationale for larger scale community intervention and epidemiological research. The divorce workshop and the first phase of the research are described including: principles on which the workshops were based; goals of the workshops; format of the workshops; and frequency and attendance figures. The survey instrument used to gather information from participants is described along with a discussion of results. The second phase of research, involving a representative sample of workshop participants, is discussed including descriptions of the instruments used to gather data from this sample, i.e., the Brief Symptom Inventory, the Center of Epidemiological Studies Depression Scale, and the Perceived Social Support and Actual Social Support Scales. Procedures used in administering the instruments are described along with a detailed analysis of results. A series of six tables is appended which present the workshop format, a summary of participant responses to the survey, and the statistical data from the epidemiological measures. (MCF)

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DIVORCE WORKSHOPS: AN OPPORTUNITY FOR PREVENTIVE EDUCATION & EPIDEMIOLOGICAL RESEARCH

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Running Head: Divorce Workshop

Abstract

Divorce Workshops: An Opportunity for Preventative Interventions & Epidemiological Research

This paper describes a divorce workshop series and related programs and research carried out by a CMHC staff. The series consisted of eighteen 2.5 hour multimedia workshops co-sponsored by the CMHC and local Chapter of Parents Without Partners. Attendance at the workshops totalled over 1400 and thus the series can be seen as a large-scale community preventative project. Feedback from participants as to the impact of the workshops, issues of special interest and areas of particular concern are summarized. A variety of 'spin-off' programs and impacts of the intervention are described including resultant CMHC programs and referrals, further PWP programs, and consults and training for other community caregivers. Data are also discussed from standard epidemiological measures of stress and social support which were obtained from the PWP sample and from a contrast group of CMHC outpatients.

Introduction

Since its inception, the Community Psychology approach has favored large scale preventative interventions and socially relevant applied epidemiological research over individually oriented treatment and small sample laboratory research. While considering these activities ideal, the community psychologist rarely has the opportunity to engage in them. This paper describes a project which involved large-scale community interventions and the collection of useful epidemiological data.

The high incidence of and severe stresses precipitated by divorce have led to the realization that traditional individual modalities have little impact on the stresses associated with this phenomenon. Moreover, the clinical focus of traditional interventions often fails to address the systemic and educational issues raised by the divorce process. The educational and supportive focus of the small group workshop or seminar approach (e.g. Weiss, 1975; Nichols, 1977; Fisher 1978) is a step in the right direction but is still limited in its number of participants.

As with other stresses to which the professional caregiver's response has been insufficient, a large network of self-help or mutual help groups has arisen to meet the needs of divorced and separated persons. The largest of these groups is PWP, an international group with over 100,000 members (Silverman, 1978). When the incidence and prevalence of a stressful process reaches near-epidemic proportions as is the case with divorce, the most appropriate response of the community psychologist appears to be to work with mutual help groups and other community caregivers in an effort to enhance the efficacy of their responses and therefore the overall level of community supports. At the same time, response to individuals in crisis and large scale direct intervention efforts should not be abandoned. Finally, the community psychologist should obtain information (data) that will both increase our understanding of and improve our response to the stressful event.

The rest of this paper will provide an overview of the divorce projects of a CMHC which provided the authors with the opportunity to carry out a variety of community interventions.

The 'Making It' Series

The divorce projects began with a request from the local chapter of PWP for divorce-related services. The initial response of the authors was guided by three main principles:

1. Crisis intervention which calls for the provision of structure, information, hope and mastry, emotional support and active planning versus avoidance. We feel that primary prevention usually is not carried out in the strictly prophylactic sense of preventing the occurance of stressful events. Instead, it most often involves the timely intervention aimed at preventing the adoption and retention of debilitating and dysfunctional responses to crises.

2. Mental health education which aims to promote positive mental health by reaching large numbers of people who are not requesting clinical services; and helps people acquire knowledge and behaviors that will foster and maintain well being.

3. Adult education which emphasizes that adults learn best material that is relevant to problems that they are trying to solve rather than learning content for its own sake; and which emphasizes the acknowledgement of the experiences of the learners and includes them in active participation rather than passive reception.

Based on these principles, a series of multimedia workshops was designed to:

1. organize the crises of divorce into a recognizable process through the provision of multimedia didactic information and demonstrations;

2. normalize the divorcing experience within a supportive context;

3. reinforce the competencies participants already possessed to aid them in the resolution of problems precipitated by separation and divorce; and

4. to obtain epidemiological data comparing PWP, CMHC outpatient and non-patient normative populations on demographic, distress level and social support variables.

The workshops were designed by CMHC staff with consultation from PWP. PWP organized the publicity and arranged the setting in a local banquet facility. The workshops were entitled the 'Making It' series and were organized around Bohannan's (1968) 'stations of divorce' which seemed to best capture the many impacts of divorce. The stations are:

1. Emotional divorce
2. Legal divorce
3. Economic divorce
4. Coparental divorce
5. Community divorce
6. Psychic divorce

Based on participant feedback and the developmental sequence of the divorce process, the emphasis of subsequent workshops shifted from the immediate impacts of divorce to the ongoing issues faced by newly single adults.

A total of ten 2.5 hour evening workshops were presented in the first year.

The workshops were:

1. The Impact of Divorce, Part I - "The Adult"
2. The 'Community Divorce' - Reactions of Family & Friends
3. The Impact of Divorce, Part II, "The Child"
4. Especially for Men; Especially for Women
5. The Challenge of Being Single
6. Learning to Love Again
7. You and Your Kids: Approaches to Parenting
8. Your Relationship with Your Ex-Spouse - Friend or Enemy? Custody Issues and Other Negotiations
9. Sexuality and the Single Parent
10. Package Deals: New Spouses, Old Children A Closer Look at Remarriage

A repeat of the series was carried out in eight workshops in the second year. Attendance at the workshops averaged 100 persons for the first series and 55 for the second series. Thus over 1400 persons were reached directly through the series.

PWP officers and members took an increasingly active role in the workshop presentations; due to the large response, increasing numbers of CMHC staff also participated in the presentations.

All programs were multimedia, utilizing either videotapes, films, or slides in addition to lecturettes, role plays and structured group interaction. The role plays were an intrinsic part of each session's design, with leaders demonstrating typical dilemmas encountered by the divorcing individual. In later sessions, audience members volunteered for role plays as participants began to assume more responsibility for program direction. The small groups segment,

which lasted for approximately 40 minutes of the 2.5 hour workshops, was purposely task-oriented and generally focused around the discussion and resolution of commonly experienced problems, while leaving sufficient time for spontaneous interaction among participants. It was felt that minimal structuring would limit the obsessional review which often monopolizes group discussions, albeit a necessary component in personal resolution of divorce (Weiss, 1975). A typical workshop format is depicted in Table 1.

A considerable amount of information was gathered during the workshops. Participants were asked to fill out standard open-ended feedback forms at each workshop. An average of 45 forms was collected at each workshop which provided information as to the parts of the program most and least favored by participants. Participants were also asked to rate the major concerns they experienced in relation to their divorce as well as major questions in specific areas such as parent-child communications. Seventy percent of the participants were female; all were white with a mean age of 41 years. They had been married an average of 16 years, divorce an average of 2.6 years and had 2.6 children on the average. Slightly more than 30% had college degrees and the mean income was $30,000 for males and $15,600 for females. The post-divorce income level for females represented a 50% drop from their reported income while married, while men reported an average post divorce income of approximately $3,500 higher than while married. Whether support payments were included in male or female incomes is not known. The participants, thus, were white, middle-aged, educated individuals.

An open-ended survey of 80 participants revealed that child-related issues (70%) and finances (14%) were mentioned most often as the most difficult problems associated with the divorce. If we assume that most of the women retained custody

of the children, it is clear that caring for three children on an annual income of $15,600 represented a new economic hardship for these women.

Open-ended feedback forms were passed out at each workshop. They consisted of six questions: (1) What did you expect to get out of coming tonight? (2) What part of tonight's program was most helpful to you? (3) What did you like the least? (4) If you could attend more meetings, what would you like them to cover? (5) Would you please rate the overall quality of the workshop (Excellent, Very Good, Good, Fair, Poor). An average of 45 forms were collected at each workshop.

A review of the contents of the forms revealed a consistent set of expectations and benefits in relation to the workshops. Participants' expectations included meeting others in the same situation; sharing experiences with others; obtaining general information; learning specific strategies for coping and gaining insight into oneself, others and the divorce process; and receiving emotional support (also described as courage, resolve, hope, confirmation, less guilt).

Program components felt to be most helpful included the expertise of the leaders, normalization, explanation of the stages and process of divorce, and open discussion about feelings and coping techniques. The structured group discussions were cited as helpful more often than the lectures, media, role plays or written materials.

Few negative reactions were listed. The major complaint was the large size of the discussion groups (there were only enough leaders for five 'small' groups which had over 20 members when attendance was over 100). A moderate amount of negative feedback was also received on a slide presentation on family stereotypes and values that proved too evocative for separated and divorced persons.

Finally, participants expressed the desire for more 'how to' information in two different categories, i.e., feelings - how to deal with rejection, hostility, guilt, anxiety; and pragmatics - how to date, meet people, answer children's questions, etc.

This feedback was not only helpful for evaluating these workshops but also for planning further workshops, including the second segment of this series. Participants' reported expectations were quite similar to the leaders' goals and objectives for this series as well as for the other workshops reported in the literature. The reported benefits confirmed the leaders' hopes for the workshops -- particularly in the areas of normalization, explanation, provision of emotional support and hope.

Responses from a representative sample of participants to questions concerning the impact of the workshops are summarized in Table 2. The responses appear to be a face-valid estimate of the workshops' effects. That is, areas that were addressed very briefly (i.e. legal aspects) or not at all (i.e. religious considerations) were rated by very few respondents. On the other hand, those areas rated by the most respondents (i.e. emotional reactions, child's reactions, feelings about being single and techniques for being single) were covered most thoroughly in the series.

It was hoped that the workshops would have had a greater impact on participants' attitudes toward their ex-spouse (40% yes) and the opposite sex (32% yes). However, one of the clearest lessons from this extensive contact with divorced persons has been that negative feelings in these areas are extraordinarily recalcitrant. A crisis/educational approach may not be effective for dealing with more 'clinical' issues that appear to be centered around attachment (Weiss, 1975) and narcisistic injury (Rice, 1977).

As can be seen, the joint effort of PWP and CMHC personnel resulted in a series which gained entry to large numbers of at-risk persons. The impact of the series, however, was not restricted to the participants in the workshops.

As with many community interventions, effects can be seen in many other components of the system.

PWP - The local chapter of PWP reported a considerable increase in membership during the course of the series and won a community service award from the National PWP organization for their sponsorship and involvement in the program.

A condensed three-session version of the series was presented at a regional PWP conference and drew a total attendance of 180 PWP officers.

CMHC - A representative sample of participants was asked if they had sought any form of counseling since their attendance at the workshop and 12.5% indicated that they had come to the sponsoring CMHC. Based on the total unduplicated attendance of approximately 750, we can reliably estimate that the series generated at least 94 direct referrals to the CMHC. This figure does not include the friends and family members that the participants referred to the CMHC as a result of their involvement in the workshops. Based on group leaders' contacts with participants and CMHC staff, we estimate that this figure may represent another 90 or more persons. Since the original series, additional numbers of people have continued to be referred to mental health services within their own catchment/service areas.

Related followup programs were provided at the CMHC including a single parents discussion group, a working parents workshop, and discussion groups for men's issues.

In addition to the local publicity generated for the CMHC by the series, an overview of the project was presented as a workshop for the annual meeting of the National Council of CMHC's.

Also, a detailed manual which includes the workshop content, presentation formats and additional resources was published by the CMHC (Underwood, Kalafat & Miller, 1982).

Community Consults - In addition to their extensive review of the literature, the authors gained expertise concerning divorce issues from their extended contact with large numbers of separated and divorced persons. It was felt that this knowledge, as well as the materials developed for the workshops, such as videotapes and annotated bibliographies, would be useful to other community caregivers.

Numerous consults and workshops were provided to area school systems, clergy, day-care centers, hospitals, mental health centers and other agencies. The goal of these consults was to enhance the understanding and helpfulness of caregivers and other systems with which divorced individuals and their families interact.

Epidemiological Research

The workshops gave us access to large numbers of an at-risk population. Because participants had been provided a service that they rated very positively, they were willing to provide us with much needed information about the issues and functioning of divorced and separated persons. A representative sample of workshop participants completed a number of standard epidemiological measures.

The choice of measures was based on a paradigm which considers the functioning of a person in crisis as strongly related to a combination of the stress experienced and the social supports available. An effort was also made to select

measures that had standard community norms as well as established reliability and validity.

The measures of distress used were the Brief Symptom Inventory (BSI) which is a shorter version of the more widely known Symptom Checklist-90 (SCL-90) developed by Derogatis (1977); and the Center for Epidemiologic Studies Depression Scale (CES-D) developed by the CES at NIMH. Each scale has community norms and reliability and validity data.

Brief Symptom Inventory (BSI) - With the BSI, each item is rated on the same five point scale as for the SCL-90 and the same nine symptom dimensions and three global scales are available. Since the BSI symptom scales correlate in the .92-.99 range with the SCL-90, the same reliability and validity estimates for the SCL-90 apply to the BSI.

Center for Epidemiologic Studies Depression Scale (CES-D) - The CES-D is a 20 item scale with each item rated on a 4 point scale. This measure was also used as an indicator of distress and has proven reliability and validity and extensive normative data available (DHEW #80-1666, 1980).

Perceived Social Support - Family; Friends - These measures, developed by Procidano and Heller (1979), are two separate 20 item questionnaires designed to assess the level of social support an individual perceives he/she is receiving from family and friends. For each statement (e.g. My friends (family) give me the moral support I need), the subject is to answer yes, no, or don't know. One point is given for each yes response and zero points for no or don't know. The higher the total score, the more perceived social support the individual acknowledges. These perceived social support measures were shown to have adequate internal consistency, negative relationships with life stress and distress, and positive

relationships with measures of social assets. (Procidano & Heller, 1979). Performance data are avilable for college students, male alcoholics and offspring of alcoholics.

Actual Social Support - This measure, devised by the authors, assessed social support by asking the subjects to list for each question the individuals they had had frequent and/or meaningful contact with in the past year. For Question 1, subjects listed individuals with whom they lived and rated on a five point scale how often they confided in that person. Question 2 required a listing of relatives and a rating on the same 5 point scale the frequency of contact and frequency of confiding. Question 3 involved the same ratings, but subjects were asked to list friends, neighbors and co-workers. Finally, subjects were asked to list individuals with whom they had discussed their divorce (for PWP subjects) or personal problems (for CMHC subjects) and to rate on a 5 point scale the frequency of confiding and how helpful that confiding was. Scores for each subject were averaged across individuals listed for each of the ratings made on each question.

These measures were also administered to a contrast group of adults (N = 48) presenting themselves for outpatient clinical services at the CMHC who were similar to the PWP sample on demographic characteristics; and to a sample of members from a neighboring PWP Chapter that did not have educational workshops (N = 12). Comparisons thus can be made among distressed individuals who seek help through a mutual help group versus a CMHC and a community normative sample who are not identified as at risk and are not outpatients or members of this self-help group.

Procedure: PWP workshop and nonworkshop subjects were given a brief introduction to the questionnaire and asked to complete the forms prior to the beginning

of the workshop or meeting. Similarly, CMHC subjects were given the forms prior to their intake interview and were asked to complete them before leaving or to return them by mail before their next appointment. In all cases, participation was completely voluntary and confidentiality of the material was assured. Only three clients refused to complete the measures. For CMHC clients who gave written consent, the outcome of their questionnaire was shared with the clinician.

For the BSI and CES-D, subjects were instructed to complete the form describing how they felt in the last week (7 days). No time factor was required for the Perceived Social Support measures. Subjects were simply asked to rate how they felt regarding their relationships with family and friends. Subjects were asked to recall frequent and/or meaningful contacts in the last year for the Actual Social Support measures.

Epidemiological Measures Results

Distress Measures - Due to the exploratory nature of the study, separate 1-way (groups) analyses of variance rather than an overall multivariate analysis of variance were used to contrast the performance of the three subject groups, i.e. PWP Workshop, PWP Nonworkshop, CMHC, on the scales of the BSI and the CES-D. The means and standard deviations representing the performance on these measures of the three experimental and the normative groups are presented in Table 3. As can be seen in Table 4, the groups differed significantly on the CES-D and on the BSI scales of anxiety, hostility, paranoia, global severity index and the positive symptom distress index (PSDI). To further investigate these significant results, a priori comparisons were made contrasting PWP workshop with the CMHC groups and PWP nonworkshop with the CMHC group (Table 5). While the PWP workshop

group exhibited distress levels similar to the CMHC group, the PWP nonworkshop group showed significantly less distress than the CMHC group on the CES-D and the BSI scales of anxiety, hostility, paranoia, global severity index and PSDI. Thus, it appears that with the exception of these scales, members of PWP have distress levels similar to those of CMHC clients.

To put these findings into perspective, separate comparisons were made between each of the experimental groups and the normative sample of nonpatients.(Table As might be expected, the PWP workshop group and the CMHC group were significantly more distressed than the nonpatient normative group on the BSI scales of obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, paranoia, psychoticism, global severity index, positive symptom index, and on the CES-D. In contrast, the PWP nonworkshop group was more comparable in distress level to the nonpatient, normative group since they achieved similar scores on all BSI scales except depression and psychoticism. On the latter and the CES-D, the PWP nonworkshop group exhibited significantly higher levels of distress than the non-patient, normative sample. A final comparison of interest contrasts the CES-D formerly married normative sample (i.e. widowed, divorced or separated) to each of the experimental groups. Again, the PWP Workshops and CMHC groups were significantly more distressed than this formerly married group while the PWP nonworkshop group was similar to the normative group. Thus, it appears that in a general sense members of a PWP self-help group are equally as distressed as CMHC clients and that both are more distressed than nonpatient community members.

Social Support - Separate univariate analyses of variance (groups) revealed no significant differences between the three groups on the measures of perceived social support of family ($F < 1.00$) and perceived social support of friends ($F < 1.00$). Separate univariate analyses of variance (groups) contrasting the

three groups were conducted for each rating on each question. Similarly, no significant differences were noted for any of these ratings ($F < 1.0$ for all tests except Rating 1 on Question 3, $F(2.97) = 1.24$, $p > .05$, and Rating 1 on Question 4, $F(2.77) = 1.83$, $p > .05$. Thus, levels of social support do not appear to differ for self-help PWP members and CMHC clients.

Discussion

The workshop series clearly maintained the interest of large numbers of persons over an extended period of time. We feel that a number of characteristics of the series may have accounted for this success. To begin with, the series was community-based: it was located in a community facility; and was co-sponsored, co-planned and publicized by a community group. Second, the content of the workshops tended to follow the sequence of the divorce process beginning with the impacts of divorce and following with the issues faced by newly single persons. Third, there was an 'upbeat' emphasis on education and competence-building versus problem that nevertheless did not deny the difficulties faced by divorced persons. Finally, the format of the workshops included multimedia and a blend of presentations and structured participation that served to maintain interest.

In regard to the characteristics of the participants, it is clear that we were reaching a significantly distressed population. The fact that there was no difference between the workshop participants and the CMHC sample on levels of distress and social support corroberates other findings from the self-help literature that self-help group members do not differ significantly from clinical populations. The two populations in fact tend to overlap in that, as with our sample, there are few self-help group members who have not been to the speciality mental health sector (Lieberman & Borman, 1979). The significant difference in

stress level between the PWP nonworkshop sample and the PWP workshop and CMHC samples is difficult to account for on a post hoc basis. While this group was demographically similar to the PWP workshop sample, the twelve of the forty or so members present at the meeting who returned the survey is a small and probably biased sample of that Chapter's membership.

TABLE 1

Typical Divorce Workshop Format

2.5 Hours

Introduction of Topic & Speakers	5 minutes
Lecturette with audio/visual aids and handouts	15 minutes
Live or videotape demonstration of points	15 minutes
Break	15 minutes
Audience Participation: Roleplay or Exercise	20-40 minutes
Small Group Discussion: Structured Context provided	30-40 minutes
Report back to large group (optional)	0-10 minutes
Feedback Forms and Research Forms	20 minutes

TABLE 2

IMPACT OF DIVORCE WORKSHOPS: PARTICIPANTS' RESPONSE

Did participation in the workshops: (Please check one)

	Yes	No	Not Applicable
a) Influence your attitude about divorce	50%	37%	13%
b) Influence your attitude toward your ex-spouse	40%	57%	3%
c) Help in the legal aspects of the divorce process	16%	58%	26%
d) Help you deal with the reactions of family and friends to your divorce	58%	32%	10%
e) Help you deal with your emotional reactions to the divorce (grief, anger)	67%	21%	12%
f) Help you explain the divorce to your child(ren)	42%	29%	29%
g) Help you deal with your child's emotional reaction to the divorce	63%	20%	17%
h) Influence your feelings about being single again	71%	23%	6%
i) Clarify religious considerations about divorce	12%	62%	27%
j) Give you methods or techniques to help you deal with being single again	80%	17%	3%
k) Change your view about the opposite sex	32%	52%	16%
l) Help you adjust to your custody arrangement	33%	30%	37%

TABLE 3

MEANS & STANDARD DEVIATIONS OF DISTRESS MEASURES (BSI[1] & CES-D)

Measures	Nonpatient Norm Sample Mean[2]	PWP Workshop Mean	PWP Workshop SD	PWP Nonworkshop Mean	PWP Nonworkshop SD	CMHC Mean	CMHC SD
BSI		(N=35)		(N=12)		(N=37)	
SOM	53	51.37	10.06	53.00	9.88	56.22	10.95
OC	53	59.77	9.54	54.00	8.68	61.78	13.16
INT	55	60.69	10.17	54.83	9.10	60.54	11.21
DEP	53	63.06	7.75	60.08	6.22	63.49	10.60
ANX	53	60.06	10.07	53.17	9.48	62.65	11.05
HOS	53	58.91	11.35	51.75	10.12	61.35	10.68
PHOB	55	56.71	8.38	54.00	7.42	56.92	11.77
PAR	53	61.43	8.98	55.08	12.45	63.57	10.59
PSY	54	64.66	9.37	59.92	9.69	62.22	12.90
GSI	54	62.26	10.07	55.92	10.69	64.35	10.64
PSDI	54	56.26	9.72	50.00	13.70	60.59	10.48
PST	52	63.03	10.16	56.00	11.58	62.32	10.59
		(N=19)		(N=12)		(N=39)	
CES-D	8.7	15.95	11.10	11.17	6.93	21.82	12.54
Formerly Married	11.3						

[1] Scores are in T score form and were based on a community normative sample of adults.

[2] Standard deviations are available only in raw score form.

TABLE 4

ANALYSES OF VARIANCE FOR DISTRESS MEASURES (CES-D & BSI)

PWP WORKSHOP VS. PWP NONWORKSHOP VS. CMHC

	F	df	p
BSI			
SOM	1.97	2.81	.15
OC	2.19	2.81	.12
INT	1.56	2.81	.21
DEP	.67	2.81	.51
ANX	3.74	2.81	.03
HOS	3.52	2.81	.03
PHOB	.42	2.81	.66
PAR	3.11	2.81	.05
PSY	.94	2.81	.40
GSI	2.98	2.81	.06
PSDI	4.73	2.81	.01
PST	2.09	2.81	.13
CES-D	4.60	2.67	.01

TABLE 5

COMPARISONS BETWEEN GROUP MEANS
ON SIGNIFICANT DISTRESS MEASURES

	F	df	p
PWP WORKSHOP VS. CMHC			
BSI - ANX	.66	1.81	n.s.
BSI - HOS	.54	1.81	n.s.
BSI - PAR	.47	1.81	n.s.
BSI - GSI	.43	1.81	n.s.
BSI - PSDI	1.76	1.81	n.s.
CES-D	2.48	1.67	n.s.
PWP NONWORKSHOP VS. CMHC			
BSI - ANX	8.84	1.81	.01
BSI - HOS	8.33	1.81	.01
BSI - PAR	7.38	1.81	.01
BSI - GSI	7.03	1.81	.05
BSI - PSDI	10.54	1.81	.01
CES-D	8.17	1.67	.01

TABLE 6

COMPARISONS BETWEEN NORMATIVE NONPATIENT

SAMPLE AND PWP AND CMHC GROUPS ON DISTRESS MEASURES

	PWP WORKSHOP VS NORMATIVE	PWP NONWORKSHOP VS NORMATIVE	CMHC VS NORMATIVE
BSI*	(n=35)	(n=12)	(n=37)
	t	t	t
SOM	1.55	.35	-1.23
OC	-4.20**	-.40	-4.06**
INT	-3.31**	.06	-3.01**
DEP	-7.68**	-3.93**	-6.03**
ANX	-4.15**	-.06	-5.30**
HOS	-3.08**	.43	-4.74**
PHOB	.20	1.40	.04
PAR	-5.55**	-.58	-6.11**
PSY	-6.75**	-2.11*	-3.88**
GSI	-4.86**	-.62	-5.95**
PSDI	-1.38	1.01	-3.85**
PST	-6.41**	-1.19	-5.93**
CES-D (Total Group)	(n=19)	(n=12)	(n=39)
	-2.84*	-1.24*	-6.56**
CES-D (Formerly Married Normative Group)	-1.82*	.05	-5.26**

* $p < .05$

** $p < .005$

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